

I. EPA/STATE Hazardous Waste I.D.#
WA 0980976310

II. Waste Designated By:
RCRA/State SQ/RCRA
State Only
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:
RCRA Exempt Recycler
State Exempt Recycler
Below QEL
Other

IV. Handling
Emergency
Remedial Action
One-Time-Only
Other

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

DATE IN TO DEPARTMENT
HB Date: 4-17-88 Region: N

EPA: Date: Copy:
Input: Update: Ack:

APR 15 1987
MAR 20 1987

DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION (no previous application has been made for this site)
☐ B. REVISED NOTIFICATION (date revision effective:)
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)
☒ D. REACTIVATE SITE I.D. # (Complete all sections of this form. Enter previously assigned I.D. # in Part 1F.)
☒ E. CANCEL SITE I.D. # (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)
☒ F. EXISTING I.D. # (Complete for items 1B, C, D, & E only) WA 0980976310

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER
017-802-0110

2.B. SIC CODE(S)
PRIMARY SECONDARY OTHER

3. NAME OF COMPANY
C R O W L E Y M A R I T I M E C O R P

4. MAILING ADDRESS
STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.
P O B O X 2287
CITY OR TOWN STATE ZIP CODE
S E A T T L E W A 98111

5. LOCATION OF WASTE ACTIVITIES (Installation)
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)
4260 W M A R G I N A L S W
T E R M I N A L 105
CITY OR TOWN STATE ZIP CODE
S E A T T L E W A

6. COUNTY WHERE THIS INSTALLATION IS LOCATED
K I N G

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).
☐ 1. GENERATOR WA 303-9
☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other (specify in comments)
☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Processes conducted or available at this facility:
(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).
☐ 4. UNDERGROUND INJECTION OF WASTE(S).
☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer
5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.
☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.
(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2 ☐ Industrial Boiler 3 ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:
Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.
(continue in Comments).

8. CONTACT PERSON
NAME (last), (first)
O L S O N C L I F F
TITLE PHONE NO. (area code & number)
R I S K M A N A G E R 443-8016

9A. OWNERSHIP (Legal Owner(s) of this Company)
9B. OWNERSHIP (Legal Owner(s) of site (Property))
C R O W L E Y M A R I T I M E C O R P

10A. TYPE OF OWNERSHIP (enter letter code in box)
SEE INSTRUCTIONS
10B. IS SITE LOCATED ON INDIAN TRUST LANDS?
Y=Yes N=No

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DEC 13 1988
WASTE MANAGEMENT BRANCH

11. WASTE IDENTIFICATION

(Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

A. N U M B E R	B.	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. W E I G H T C O D E
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C, indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____)

QUANTITY						WEIGHT	

 CODE

12B. ☐ PER MONTH

QUANTITY						WEIGHT	

 CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY						WEIGHT	

 CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>Paul R. Thomas</i>	OFFICIAL TITLE (Print) <i>SUPERVISOR</i>	DATE SIGNED: <i>3-17-87</i>
PRINTED NAME: <i>Paul R. Thomas</i>		